

Program 050

DSHS - Long Term Care**Recommendation Summary**

Dollars in Thousands

	FY 05 FTEs	General Fund State	Other Funds	Total Funds
2003-05 Expenditure Authority	1,131.0	1,102,166	1,210,782	2,312,948
Supplemental Changes				
Mandatory Caseload Adjustments		(8,453)	(8,412)	(16,865)
Forecast Cost and Utilization		(8,717)	(6,467)	(15,184)
Eliminate 184-Hour Rule (HB 2933)	2.7	110	109	219
Health Care Benefits Agency HCAs		2,795	3,073	5,868
Subtotal - Supplemental Changes	2.7	(14,265)	(11,697)	(25,962)
Total Proposed Budget	1,133.7	1,087,901	1,199,085	2,286,986
Difference	2.7	(14,265)	(11,697)	(25,962)
Percent Change	0.2%	(1.3)%	(1.0)%	(1.1)%

Supplemental Changes**Mandatory Caseload Adjustments**

Savings are reflected and funding is provided for the costs associated with caseload changes in the November 2004 forecast from the Caseload Forecast Council. These caseloads are the basis for the November 2004 long-term care (LTC) forecast produced by the Department of Social and Health Services' (DSHS) Budget Office. This item affects multiple LTC activities. (General Fund-State, General Fund-Federal)

Forecast Cost and Utilization

Savings are reflected and funding is provided for the costs associated with the cost and utilization changes in the November 2004 forecast from the DSHS Budget Office. This forecast is based on the Caseload Forecast Council November 2004 forecast. This item affects multiple long-term care activities. (General Fund-State, General Fund-Federal)

Eliminate 184-Hour Rule (HB 2933)

Funding is provided to identify and assess cases where providers were adversely affected by the 184-hour rule. In order to comply with House Bill 2933, the department must complete approximately 557 reassessments within the next six months. This item affects the LTC Residential Community Services activity. (General Fund-State, General Fund-Federal)

Health Care Benefits Agency HCAs

Funding is provided for the continuation of health benefits for the employees of agency homecare providers. A savings was assumed in the 2004 supplemental budget in which agency providers would obtain health insurance for employees at rates comparable to the Basic Health Plan. Providers were encouraged to obtain insurance at this lower rate; however, it is expected that providers will not be able to obtain insurance at these rates. This item affects the LTC In-Home Services activity. (General Fund-State, General Fund-Federal)